

**CLAIMS ONLY**

Application Number

10/689494

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1					2							
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46							1					
47							1					
48							1					
49							1					
50							1					
Total Indep							1					
Total Depend							1					
Total Claims							1					